Charak dhar DIAGNOSTICS Pvt. Ltd.				292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218		
Patient Name	: Mr.VIJAY KUMAR NAYAK			fisit No	: CHA25003	
Age/Gender Lab No	: 46 Y/M : 10134348			egistration ON ample Collected ON	: 01/Mar/202 : 01/Mar/202	
Referred By	: Dr.RDSO LUCKNOW		S	ample Received ON	: 01/Mar/202	25 02:21PM
Refer Lab/Hosp Doctor Advice	: RDSO LUCKNOW HBA1C (EDTA),USG WHOLE	ABDOMEN	R	eport Generated ON	: 01/Mar/202	25 04:22PM
L						
	Test Name	Result	Unit	Bio. Ref. R	ange	Method

HBA1C

PR.

Glycosylated Hemoglobin (HbA1c) 10.1 % 4 - 5.7 HPLC (EDTA)

NOTE - Findings checked twice. Please correlate clinically.

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratoryby the Gold Standard Reference method, ie: HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diab <mark>etic</mark>
5.8 - 6.4 %	Pre Diabetic Stage
>6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
>8.0 %	Poor Control and needs treatment

*** End Of Report ***

IARA



[Checked By]

Print.Date/Time: 01-03-2025 16:56:44 *Patient Identity Has Not Been Verified. Not For Medicolegal DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 1 of 1

Patient Name	: Mr.VIJAY KUMAR NAYAK	Visit No	: CHA250037052
Age/Gender	: 46 Y/M	Registration ON	: 01/Mar/2025 01:07PM
Lab No	: 10134348	Sample Collected ON	: 01/Mar/2025 01:07PM
Referred By	: Dr.RDSO LUCKNOW	Sample Received ON	:
Refer Lab/Hosp	: RDSO LUCKNOW	Report Generated ON	: 01/Mar/2025 01:41PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is moderately enlarged in size (~ 186 mm) and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- <u>**Gall bladder**</u> is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **<u>CBD</u>** is normal at porta. No obstructive lesion is seen.
- **<u>Portal vein</u>** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.

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- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 102 x 44 mm in size. Left kidney measures 111 x 47 mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **<u>Prostate</u>** is normal in size, measures 31 x 31 x 38 mm with weight of 19gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- A defect of size ~ 10.7 mm is seen in anterior abdominal wall of umbilical region through which omentum as content.

OPINION:

- Moderate hepatomegaly with fatty infiltration of liver grade-I.
- Umbilical hernia.

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]



Patient Name	: Mr.VIJAY KUMAR NAYAK	Visit No	: CHA250037052
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